



State Wide Criminal Search Release Form: State of Ohio

** A raised seal is required for this search **

DISCLAIMER

I, _____, hereby direct and authorize the State of Ohio to make available to APPLICANT INSIGHT LTD, INC., any criminal record that the State of Ohio has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State Ohio, in both law and equity which I may now have or in the future may have.

Printed Name: _____

Date: _____

Social Security #: _____

DOB: _____

(Signature of Applicant)

Please return the results of this search to Applicant Insight Attention: Public Records Department, 5396 School Road, New Port Richey, FL 34652